

FAX REFERRAL FORM

- For **Quitline** Referrals Fax Completed Form To: **1-800-261-6259**
- For **Hospital/Local Group Cessation Classes** See Second Page



**YOU CAN QUIT.
WE CAN HELP.**

To be contacted by a Quitline Coach, use this form to refer tobacco users who are ready to quit to **802Quits**.

VERMONT DEPARTMENT OF HEALTH
1-800-QUIT-NOW (784-8669) 802Quits.org

REFERRING ORGANIZATION: Complete this section

Organization/
Practice

Contact Name

Clinic/Hosp/Dept

E-mail

Address

Phone () -

City/State/Zip

Fax () -

Referrer Signature

Date

Are you a Medical Provider: ☐ Yes ☐ No

Please Check: ☐ Participant agreed to be referred to **802Quits**.

PROVIDER: Complete this section (only necessary if one of the below conditions exists)

Does patient have any of the following conditions: ☐ Pregnant/Breastfeeding ☐ Uncontrolled high blood pressure ☐ Heart disease

If yes, please sign to authorize **802Quits** to send the patient free, over-the-counter nicotine replacement therapy if available. If provider does not sign and the patient has any of the above listed conditions, **802Quits** cannot dispense medication.

Provider Signature

Date

Please Check: ☐ Patient agreed to be referred to **802Quits**.

PATIENT: Complete this section

 Yes, I am ready to quit and ask that a Quitline coach call me. I understand that **802Quits** may inform
Initial the referring party about my participation.

Best times to call? ☐ morning ☐ afternoon ☐ evening ☐ weekend

May we leave a message? ☐ Yes ☐ No

Date of Birth? / / Gender ☐ Male ☐ Female

Patient Name (Last) (First)

Address City State

Zip Code E-mail

Phone #1 () - Phone #2 () -

Language ☐ English ☐ Spanish ☐ Other

Patient Signature

Date

If no patient signature available: ☐ Check to Verify Patient Consent is on File.

802Quits will call you within the next 24 to 72 hours.
The call will come from **800-784-8669**.

FOR QUITLINE REFERRAL PLEASE FAX COMPLETED FORM TO: 1-800-261-6259

See Reverse For Hospital/Local Group Cessation Classes

FAX REFERRAL FORM

The Vermont Department of Health funds free cessation classes in most hospitals in the state. This Quit in Person program offers a local contact for quit coaching – either in person or through classes.

To be contacted by a tobacco treatment specialist, please use the contact information below and **fax this referral directly to the local cessation resource.**



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WE CAN HELP.**

VERMONT DEPARTMENT OF HEALTH
1-800-QUIT-NOW (784-8669) 802Quits.org

**Brattleboro Memorial Hospital
Brattleboro, VT**

Phone: 802-251-8456
Fax: 802-257-8318

**Central Vermont Medical Center
Berlin, VT**

Phone: 802-371-5945
Fax: 802-224-0437

**Copley Hospital
Morrisville, VT**

Phone: 802-253-4853
Fax: 802-253-2587

**Fletcher Allen Health Care
Burlington, VT**

Phone: 802-847-2278
Fax: 802-847-6545

**Gifford Medical Center
Randolph, VT**

Phone: 802-728-7710
Fax: 802-728-7199

**Grace Cottage Hospital
Townshend, VT**

Phone: 802-365-3649
Fax: 802-365-7294

**Mt. Ascutney Hospital
Windsor, VT**

Phone: 802-674-7089
Fax: 802-674-7155

**North Country Hospital
Newport, VT**

Phone: 802-674-7089
Fax: 802-674-7155

**Northwestern Medical Center
St. Albans, VT**

Phone: 802-524-8480
Fax: 802-524-1291

**Northeastern Vermont Regional Hospital
St. Johnsbury, VT**

Phone: 802-748-7532
Fax: 802-427-3048

**Porter Medical
Middlebury, VT**

Phone: 802-382-3468 Ext. 2
Fax: 802-388-8872

**Rutland Regional Medical Center
Rutland, VT**

Phone: 802-747-3768
Fax: 802-773-9897

**Springfield Hospital
Springfield, VT**

Phone: 802-886-8946
Fax: 802-885-7678

**United Health Alliance
Bennington, VT**

Phone: 802-440-4098
Fax: 802-442-8568

**Upper Valley – Little Rivers Health Care
Bradford, VT**

Phone: 802-439-5321
Fax: 802-439-6783